



Affidavit of Corporate Inactivity

Name: _____
 Address: _____

 City, State, Zip + 4: _____
 FEIN: _____
 Contact Person: _____
 Phone: _____

I, _____, an officer of the said corporation, being of lawful age, being sworn on oath, deposes and says that I am acquainted with the affairs of the said corporation (or a corporation registered to do business in Montana) existing under and by virtue of the laws of the State of Montana;

and that the said Corporation had no income or business activities of any nature during the calendar year _____ or fiscal year ending _____;

and that the said Corporation has been entirely inactive for _____ taxable periods immediately preceding the date hereof;

and that if said Corporation does engage in business or have any income they will notify the Department of filing a Montana Corporation License Tax return by the due date prescribed in Montana Code Annotated, §15-31-111.

Subscribed and dated this _____ day of _____, year _____

 Corporate Officer Title

Subscribed and sworn to before me this _____ day of _____, year _____

(SEAL)

 Notary Public

Residing at _____

My Commission Expires _____